



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/01/2010

Business ID: 175350

William M. Gardner

Secretary of State

ONE-ELEVEN VILLAGE SQUARE RESTAURANT, INC.

VILLAGE SQ CONDO, UNIT 1 , RT 111
HAMPSTEAD, NH 03841

ADDRESS OF PRINCIPAL OFFICE:

VILLAGE SQ CONDO, UNIT 1 , RT 111
HAMPSTEAD, NH 03841

REGISTERED AGENT AND OFFICE:

MACFARLANE, PAMELA
UNIT #1, VILLAGE SQUARE , CONDOMINIUM, ROUTE 111
HAMPSTEAD, NH 03841

ENTITY TYPE: CORPORATION

BUSINESS ID: 175350

STATE OF DOMICILE: NEW HAMPSHIRE

RESTAURANT, TAVERN ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Jacqueline I Minasian**
STREET **Rt 111**
Village Square Condo, Unit #1
CITY/STATE/ZIP **Hampstead Nh 03841**

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Robert H Minasian**
STREET **Rt 111**
Village Square Condo, Unit #1
CITY/STATE/ZIP **Hampstead Nh 03841**

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

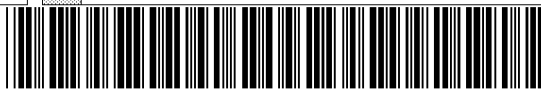
To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Jacqueline I Minasian**

Please print name and title of signer: **Jacqueline I Minasian** / **PRESIDENT**
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529